

National Provider Identifier

CMS-1500 (08/05)

Professional Billing



Department of Health & Mental Hygiene
Maryland Medicaid
2007



National Provider Identifier

Important National Provider Identifier (NPI) Time Frame Changes



**The Maryland Medicaid Program plans
to be fully compliant with the National
Provider Identifier (NPI) requirements
by July 30, 2007**



National Provider Identifier

Dual-Use Period

- **April 16, 2007 – July 30, 2007:** The Program has implemented a dual-use period. During this time, providers can use both their 9-digit Medicaid provider number and their NPI on electronic claim transactions.
- Providers **MUST** continue to use their 9-digit Medicaid legacy provider number on claims submitted prior to July 30, 2007. The Program will adjudicate claims using the Maryland Medicaid provider number prior to July 30, 2007.
- Medicaid legacy provider numbers will be accepted after July 30th and may be used for adjudication.



National Provider Identifier

Paper Claims Format Prior to 7/30/07

- **The Program will not be ready to implement the CMS 1500 (08-05) claim form until July 30, 2007**
- **If you submit your claims using the CMS-1500 (08-05) prior to July 30, 2007, the claims will be returned.**
- **All providers must continue to submit their current 9-digit Medicaid provider number on the HCFA 1500.**



National Provider Identifier

Electronic Claims Format prior to 7/30/07

- **Providers must continue to report their 9-digit Medicaid provider number in all provider number fields. (837P REF 1D segment) Medicaid will adjudicate claims based on Medicaid ID.**
- **NPI numbers can be submitted during the dual-use period, but the 9-digit Medicaid provider number must be reported in the 837P REF 1D segment. Refer to the 837P companion guides for detailed information.**
- **Submitting claims in the CMS-1500 (08/05) format prior to this date will cause your claims to reject and we will be unable to process your claims**



National Provider Identifier

NPI Reporting on CMS 1500 After 7/30/07

Paper Claims:

NPI numbers must be submitted.

Reporting the provider's 9-digit Medicaid provider number will continue to be required on all paper claims.

Electronic Claims:

NPI numbers must be submitted. Refer to 837P Companion Guide for detailed information. Please contact your 837 electronic biller.

Providers are asked to continue to send in their 9-digit Medicaid provider numbers in the 837P REF 1D segment. The Program will be evaluating NPI submissions during the dual-use period phase to determine when dual-use of the 9-digit Medicaid provider numbers will be terminated.



National Provider Identifier

CMS-1500 (08/05) Claim Form

A copy of this form is
available at the National
Uniform Claim Committee's
website:

<http://www.nucc.org>

1500
HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

☐ PICA ☐ PICA

1. MEDICARE ☐ MEDICAID ☐ TRICARE ☐ CHAMPVA ☐ GROUP HEALTH PLAN ☐ FECA ☐ OTHER ☐
(Medicare #) (Medicaid #) (Tricare SSN) (Champva ID) (Group Health Plan ID) (FECA ID) (Other ID)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) 3. PATIENT'S BIRTH DATE MM DD YY SEX M ☐ F ☐

4. INSURED'S NAME (Last Name, First Name, Middle Initial) 5. PATIENT'S ADDRESS (No. Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)

6. PATIENT RELATIONSHIP TO INSURED Self ☐ Spouse ☐ Child ☐ Other ☐ 7. INSURED'S ADDRESS (No. Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)

8. PATIENT STATUS Single ☐ Married ☐ Other ☐ 9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) 10. IS PATIENT'S CONDITION RELATED TO 11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER b. EMPLOYMENT? (Current or Previous) YES ☐ NO ☐ c. AUTO ACCIDENT? YES ☐ NO ☐ d. OTHER ACCIDENT? YES ☐ NO ☐ e. INSURANCE PLAN NAME OR PROGRAM NAME

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits other to myself or to the party who accepts assignment below.) 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize payment of medical benefits to the undersigned physician or supplier for services described below.)

14. DATE OF CURRENT ILLNESS (First symptoms) OR INJURY (Accident or Pregnancy/LMP) 15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, DATE FIRST DATE MM DD YY 16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. NPI 17b. NPI 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY

19. RESERVED FOR LOCAL USE 20. OUTSIDE LAB? YES ☐ NO ☐ 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Restate Items 1, 2, 3 or 4 to Item 24E by Line) 22. MEDICARE RESUBMISSION ORIGINAL REF. NO. 23. PRIOR AUTHORIZATION NUMBER

24. A. DATES OF SERVICE To From MM DD YY MM DD YY B. PLACE OF SERVICE C. PROCEDURE, SERVICE, OR SUPPLIES (Explain Unusual Circumstances) D. DIAGNOSIS POINTS E. CHARGES F. AMOUNT PAID G. BALANCE DUE

25. FEDERAL TAX I.D. NUMBER SSN EIN 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? YES ☐ NO ☐ 28. TOTAL CHARGE \$ 29. AMOUNT PAID \$ 30. BALANCE DUE \$

31. SIGNATURE OF PHYSICIAN OR SUPPLIER (Including Degrees or Credentials) (I certify that the statements on the reverse apply to this bill and are made a part thereof.) 32. SERVICE FACILITY LOCATION INFORMATION 33. BILLING PROVIDER INFO & PH #

SIGNED DATE SIGNED DATE SIGNED DATE

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-0999 FORM CMS-1500 (08-05)



National Provider Identifier

CMS-1500 (08/05) Claim Form Changes

Mandatory Requirement

When entering a provider's 9-digit Medicaid provider number, it **MUST be preceded by the ID Qualifier, **1D** (Medicaid Provider Number).**



National Provider Identifier

CMS-1500 (08/05) Claim Form Changes

Block 17a/b – This field is for the Referring Provider number.

17a – Enter the 9-digit Medicaid provider number (gray shaded area), preceded by the ID Qualifier **1D**

17b – Enter the provider's NPI number

NOTE: The Program will no longer be accepting “dummy provider numbers”. You must obtain the referring provider's numbers in order to avoid the claim from rejecting.



National Provider Identifier

CMS-1500 (08/05) Claim Form Changes

Block 24c – This field was previously identified as Type of Svc.

The field is now identified as EMG, which is not a required field.

Block 24i – This field was previously identified as EMG.

The field is now identified as ID Qualifier. Enter the ID Qualifier **1D** which will precede the non-NPI number (Medicaid provider number).



National Provider Identifier

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Block 24j – This field was previously identified as Reserved for Local Use.

This field is now divided into two lines:

Gray shaded area (top line) – Enter the 9-digit Medicaid provider number, preceded by the ID Qualifier **1D**, of the practitioner rendering the service.

Non-shaded area (second line) – Enter the rendering provider's NPI number.



National Provider Identifier

CMS-1500 (08/05) Claim Form Changes

Block 32 – This field was previously identified Name/Address of Facility Where Services were Rendered.

This field is now identified as Service Facility Location Information.

This field should only be completed if billing for medical laboratory services referred to another laboratory, or the facility where trauma services were rendered.

Enter the name and address of the facility.



National Provider Identifier

CMS-1500 (08/05) Claim Form Changes

Block 32a (non-shaded area) – NPI

Enter facility's NPI number.

Block 32b (gray shaded area) – Enter the ID Qualifier
1D followed by the facility's 9-digit Medicaid provider
number.



National Provider Identifier

CMS-1500 (08/05) Claim Form Changes

Block 33—This field was previously identified as Physician's Supplier Billing Name, Address, Zip and Phone Number

This field is now identified as Billing Provider Info and Phone Number

Enter the name, complete street address, city, state, and zip code of the provider. This must be the address to which claims may be returned



National Provider Identifier

CMS-1500 (08/05) Claim Form Changes

Block 33a (non-shaded area) – NPI

Enter the NPI number of the billing provider in Block #33

Block 33b (gray shaded area) – Enter the ID Qualifier **1D followed by the 9-digit Medicaid provider number of the provider in Block #33.**



National Provider Identifier

How to Apply for Your NPI

If you have not applied for your NPI, please do so immediately. Access the Centers for Medicare and Medicaid Systems website at:

www.cms.hhs.gov/NationalProviderStand



National Provider Identifier

Reporting Your NPI

After you have received your NPI number from the National Plan & Provider Enumeration System (NPPEs), you can:

- **Mail the form (include your 9-digit Medicaid provider number) to: Provider Enrollment, P.O. Box 17030, Baltimore, MD 21203;**
- **Fax to: Provider Enrollment at (410) 333- 5341; or**
- **Use an electronic registration process if you are a provider with multiple NPIs. For information about bulk enumeration submissions, send your request to:**
NPIMedicaid@dhmh.state.md.us



National Provider Identifier

Medicaid NPI Websites

- <http://dhmh.state.md.us/mma/mmahome.html>
Billing Instructions, NPI Outreach Letters, Links to National NPI Information, NPI Time Frame Memos, Bulk Acceptance File
- www.cms.hhs.gov/NationalProidentStand
Medicare NPI Implementation, Regulations and Guidance
- <http://nppes.cms.hhs.gov/>
On-line Application and Enumeration



National Provider Identifier

Medicaid NPI Contact Information:

- NPIMedicaid@dhmh.state.md.us

NPI Questions

CMS-1500 Electronic File Problems/Questions:

- HIPAAEDIttest@dhmh.state.md.us (only for providers who are testing with Maryland Medicaid)
- EDIOPS@dhmh.state.md.us (only for providers who are already in production with Maryland Medicaid)
- <http://www.dhmh.state.md.us/hipaa/transandcodesets.html>
Electronic Companion Guides